The **XIII "OCCUPATION and HEALTH"** Russian National Congress
with International Participation (OHRNC-2015)
Secure Labor and Health of Workers — the Force and Prosperity of Russia
Irkutsk (Baikal) – Novosibirsk
17–26 of September, 2015

Introductory Presentation on the Revision and Implementation of the ILO List of Occupational Diseases

Dr. Shengli Niu
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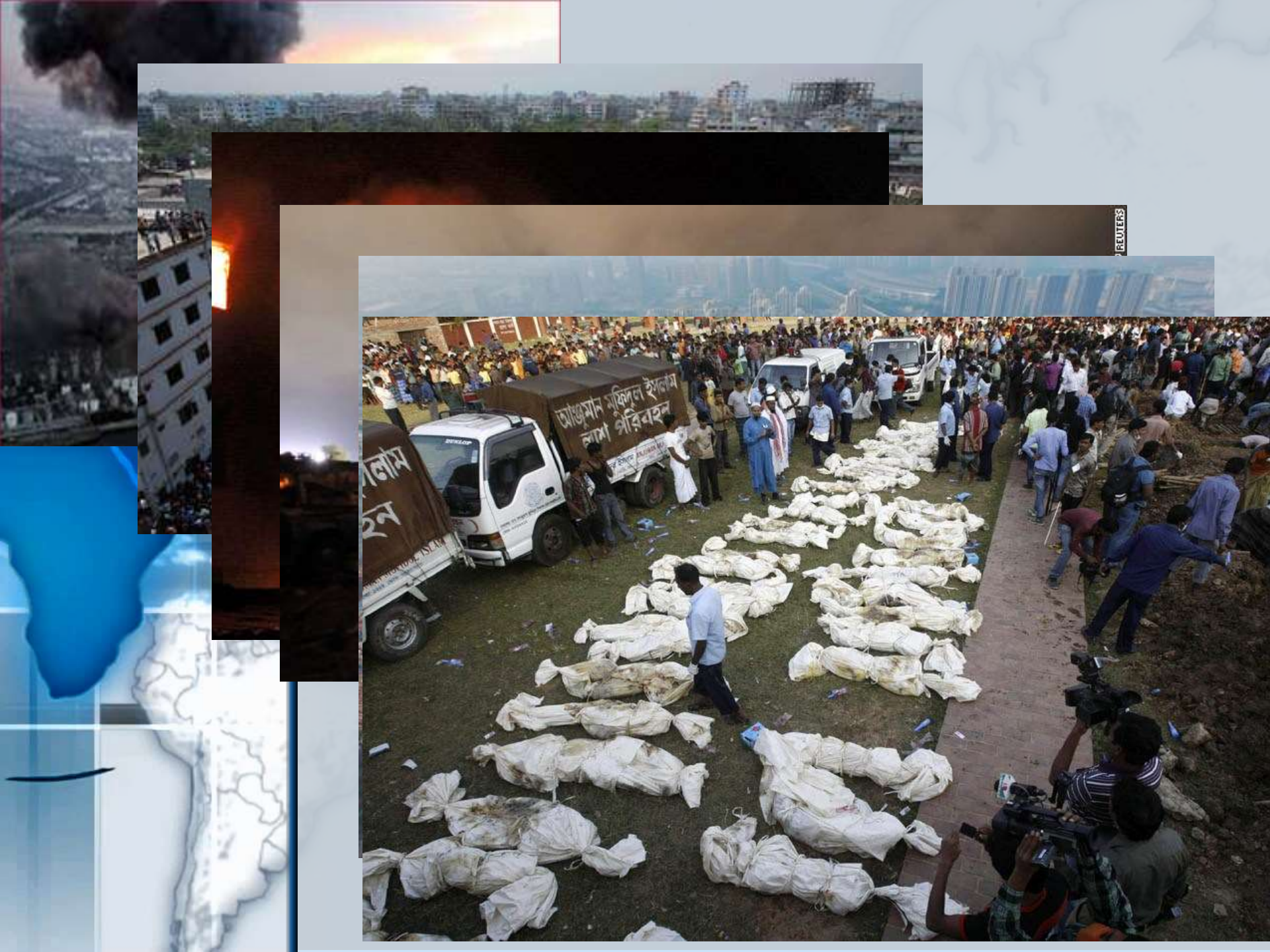
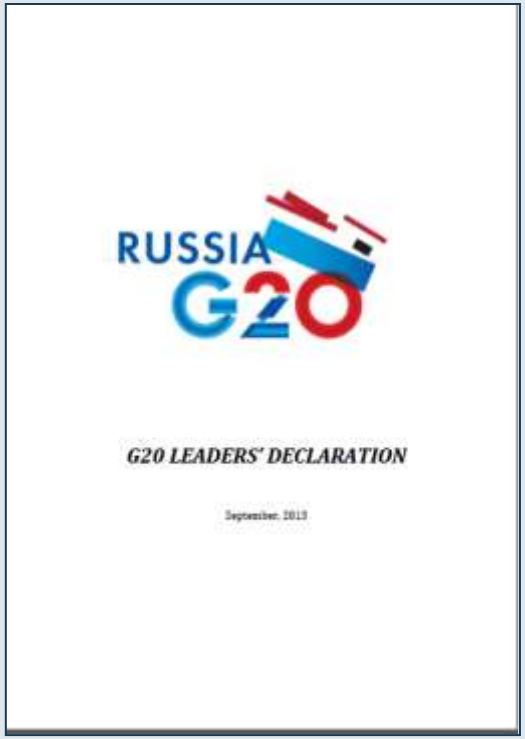
International Labour Office
Geneva, Switzerland


REUTERS



- 34.....In addition, given the recurring loss to human life and assets across the world on account of unsafe working places, we direct the Task Force to partner with ILO in consultation with countries, and to consider how the G20 might contribute to safer workplaces.....

G20 Leaders' Communiqué
Brisbane Summit, 15-16 November 2014

1. Raising global growth to deliver better living standards and quality jobs for people across the world is our highest priority. We welcome stronger growth in some key economies. But the global recovery is slow, uneven and not delivering the jobs needed. The global economy is being held back by a shortfall in demand, while addressing supply constraints is key to lifting potential growth. Risks persist, including in financial markets and from geopolitical tensions. We commit to work in partnership to lift growth, boost economic resilience and strengthen global institutions.

2. We are determined to overcome these challenges and step up our efforts to achieve strong, sustainable and balanced growth, and to create jobs. We are implementing structural reforms to lift growth and private sector activity, recognising that well-functioning markets underpin prosperity. We will ensure our macroeconomic policies are appropriate to support growth, strengthen demand and promote global rebalancing. We will continue to implement fiscal strategies flexibly, taking into account near-term economic conditions, while putting debt as a share of GDP on a sustainable path. Our monetary authorities have committed to support the recovery and address deflationary pressures when needed, consistent with their mandates. We will be mindful of the global impacts of our policies and cooperate to manage spillovers. We stand ready to use all policy levers to underpin confidence and the recovery.

3. This year we set an ambitious goal to lift the G20's GDP by at least an additional two per cent by 2018. Analysis by the IMF-OECD indicates that our commitments, if fully implemented, will deliver 2.1 per cent. This will add more than US$2 trillion to the global economy and create millions of jobs. Our measures to lift investment, increase trade and competition, and boost employment, along with our macroeconomic policies, will support development and inclusive growth, and help to reduce inequality and poverty.

4. Our actions to boost growth and create quality jobs are set out in the Brisbane Action Plan and in our comprehensive growth strategies. We will monitor and hold each other to account for implementing our commitments, and actual progress towards our growth ambition, informed by analysis from international organisations. We will ensure our growth strategies continue to deliver and will review progress at our next meeting.

Acting together to lift growth and create jobs

5. Tackling global investment and infrastructure shortfalls is crucial to lifting growth, job creation and productivity. We endorse the Global Infrastructure Initiative, a multi-year work programme to lift quality public and private infrastructure investment. Our growth strategies contain major investment initiatives, including actions to strengthen public investment and improve our domestic investment and financing climate, which is essential to attract new private sector finance for investment. We have agreed on a set of voluntary leading practices to promote and prioritise quality investment, particularly in infrastructure. To help match investors with projects, we will address data gaps and improve information on project pipelines. We are working to facilitate long-term financing from institutional investors and to encourage market sources of finance, including transparent securitisation, particularly for small and medium-sized enterprises. We will continue to work with multilateral development banks, and encourage national development banks, to optimise use of their balance sheets to provide additional lending and ensure our work on infrastructure benefits low-income countries.

6. To support implementation of the Initiative, we agree to establish a Global Infrastructure Hub with a four-year mandate. The Hub will contribute to developing a knowledge-sharing platform and network between governments, the private sector, development banks and other international organisations. The Hub will foster collaboration among these groups to improve the functioning and financing of infrastructure markets.

7. To strengthen infrastructure and attract more private sector investment in developing countries, we welcome the launch of the World Bank Group's Global Infrastructure Facility, which will complement our work. We support similar initiatives by other development banks and continued cooperation amongst them.

8. Trade and competition are powerful drivers of growth, increased living standards and job creation. In today's world we don't just trade final products. We work together to make things by importing and exporting components and services. We need policies that take full advantage of global value chains and

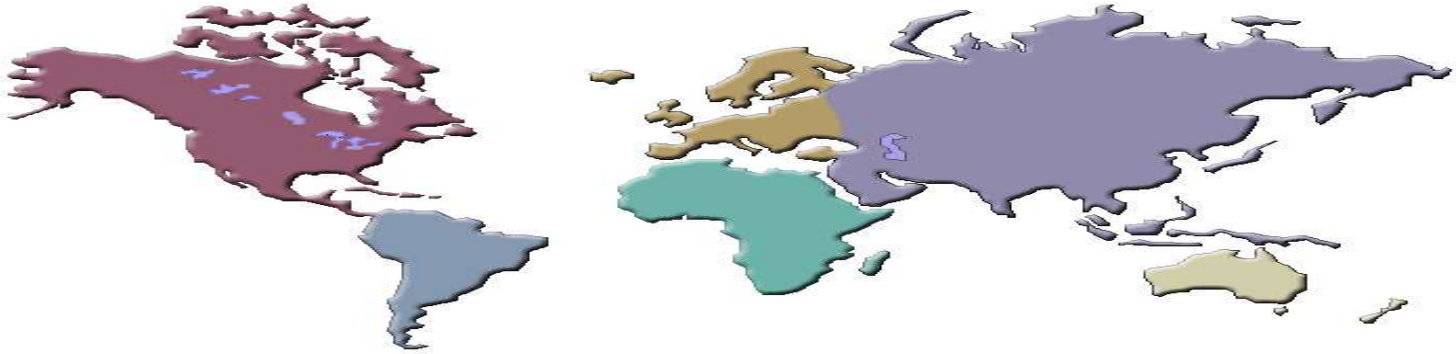
10. We are strongly committed
ensure young people are in educa
apprenticeships, education and
entrepreneurship. We remain f
unemployment, by strengthening
workplace safety and health is
Employment Working Group, to

igh, by acting to
de investments in
and encouraging
l and long-term
stems. Improving
supported by an

Estimated numbers of occupational injuries in 2008 by WHO Regional grouping

			Occupational injuries reported to ILO		Occupational injuries causing at least 4 days absence			
Region	**Economically active population**	**Total employment**	**Fatal**	**at least 4 days absence**	**Fatal injuries**	**Lower limit (0.12)**	**Upper limit (0.08)**	**Average**
High income countries (global)	494 365 003	465 270 658	11 850	4 959 039	14 090	11 732 104	17 598 156	14 665 130
LMIC Africa Region	251 588 449	98 984 676	759	46 616	44 699	37 248 941	55 873 412	46 561 176
LMIC Americas Region	315 509 490	225 696 648	1 944	657 580	25 534	7 092 881	10 639 321	8 866 101
LMIC Eastern Mediterranean Region	152 610 995	123 065 822	0	0	17 912	14 926 339	22 389 509	18 657 924
LMIC European Region	213 740 690	188 216 100	6 777	325 004	16 191	14 474 533	21 711 800	18 093 167
LMIC South-East Asia and Western Pacific Regions	642 390 831	205 151 369	81	1 676	83 096	69 247 025	103 870 537	86 558 781
Low income countries (global)	921 078 060	886 578 687	193	43 756	119 058	99 215 356	148 823 034	124 019 195
Total	2 991 283 518	2 192 963 960	**21 604**	6 033 671	**320 580**	253 937 179	380 905 768	317 421 474

LMIC - Low and Middle Income Countries



Countries Reported to the ILO on Occupational accidents
from 2000 to 2008

Number of Reporting Years	9	8	7	6	5	Sub total	4	3	2	1	Total
All Industries	**13**	**12**	**5**	**7**	**8**	**45**	7	3	1	7	**63**
Construction	**12**	**11**	**5**	**6**	**5**	39	6	1	1	7	54
Mining & Quarrying	**9**	**9**	**4**	**7**	**6**	35	6	1	2	5	49
A.H.F.F	**8**	**8**	**5**	**6**	**5**	32	6	1	2	6	47
A.H.F	**3**	**7**	**2**	**6**	**5**	23	6	3	1	6	39

A.H.F : Agriculture, Hunting and Forestry

A.H.F.F : Agriculture, Hunting, Forestry and Fishing

Reporting of occupational diseases in selected countries

All occupationnel diseases

China: 12,212 (2005) → 27,240 (2010)

France: 53,605 (2007) → 71,194 (2010)

Italy: 28,933 (2007)→ 46,558 (2011)

Musculoskeletal disorders (MSDs)

Korea: 1,634 (2001) → 5,502 (2010)

Mental disorders

Japan: 108 (2003) → 325 (2011)

Key occupational diseases

China: Pneumoconiosis
23,812 out of 27,240 (2010)

United States: Skin diseases, hearing loss, respiratory diseases

Argentina: Hearing loss, MSD, respiratory diseases

Asbestos-related diseases:

200,000 mesothelioma deaths expected during 1995-2029 in EU

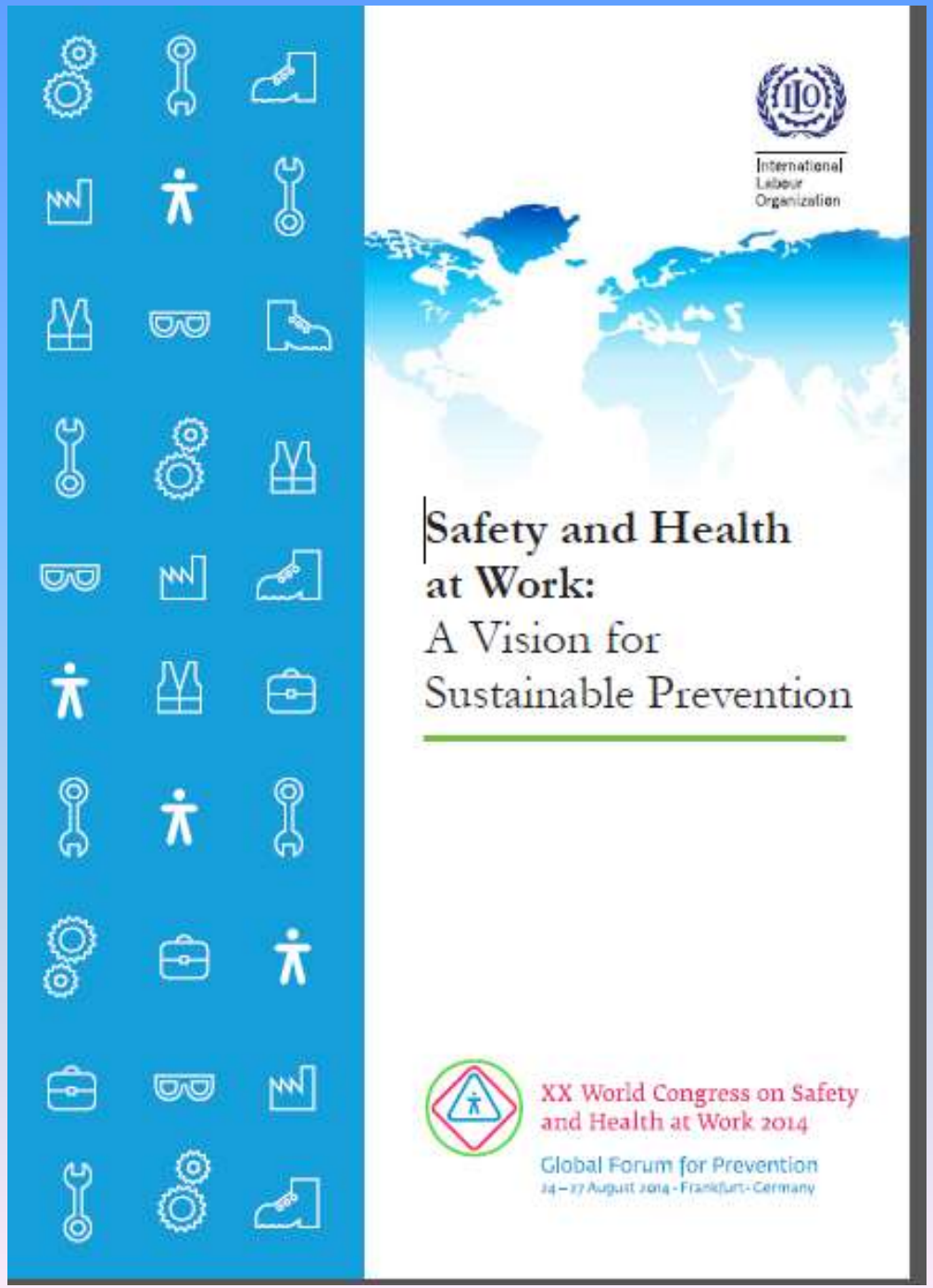
Reports of Occupational Diseases in Some Countries

Country	Populations (Millions)	GDP per capita (US$) World bank	Reported Cases Occupational Diseases	Year
Argentina	40	12,034	22,013	2010
Benin	6.6	1,583	1	2007
Burkina Faso	15.7	1,513	4	2007
China	1,339	9,233	27,240	2010
Cote D'Ioire	17.5	2,039	11	2009
France	65	36,104	71,194	2010
Italy	60	33,111	46,558	2011
Japan	127	35,178	7,779	2011
Senegal	12.8	1,944	7	2008
Thailand	65	9,820	4,575	2009
UK	61	36,901	8,530	2009
USA	307	49,965	224,500	2009

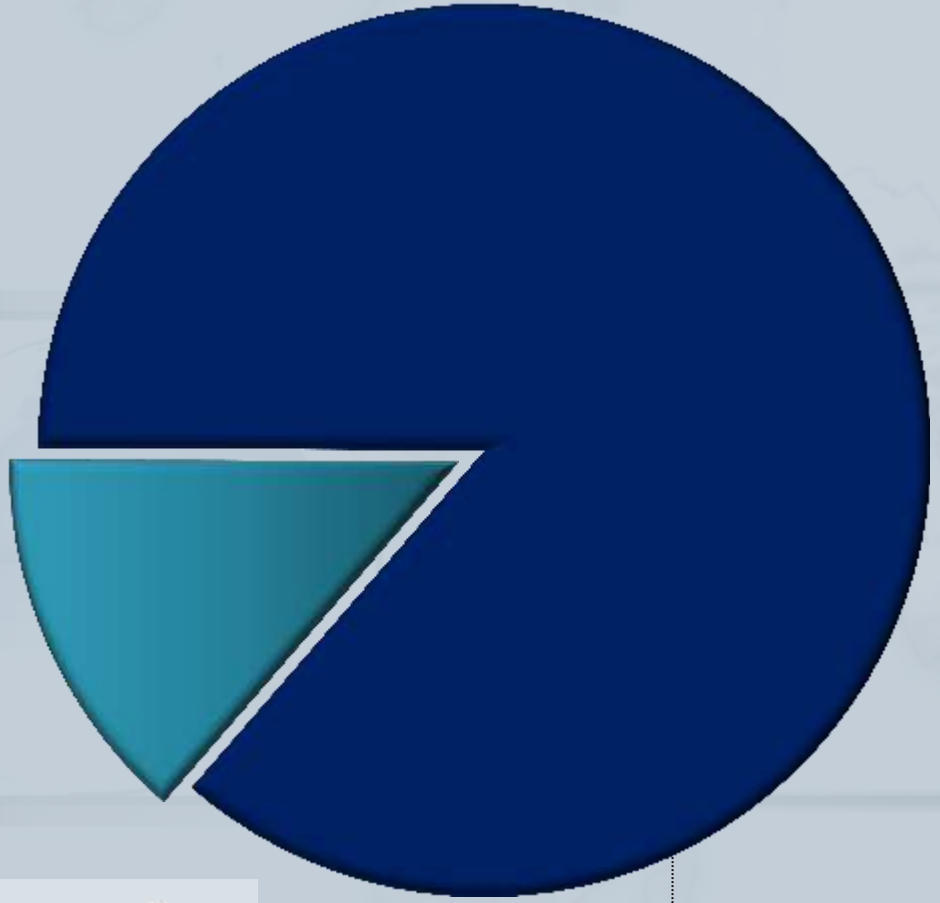
Occupational injuries and diseases

- 335,000 deaths
- 250 million accidents
- 160 million occupational diseases
- 4% of world's gross national product is lost

Source: Kofi A. Annan. Occupational health and safety: a high priority on the global, international and national agenda. Asian-Pacific Newslett on OSH 1997;4:59


International Labour Organization
Safety and Health at Work:
A Vision for Sustainable Prevention
XX World Congress on Safety and Health at Work 2014
Global Forum for Prevention
14 – 17 August 2014 - Frankfurt - Germany

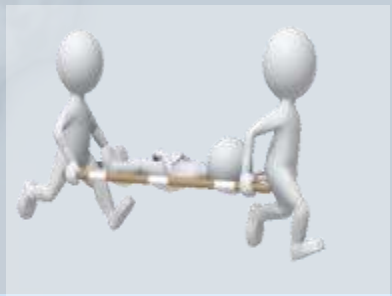
The hidden epidemic: a global picture



Fatal Accidents
352,769
14%

Fatal Diseases
1,979,262
86%

Work-related accidents and diseases
2.33 million



Key measure to meet the challenges

- OSH measures at the workplace to control hazards and prevent occupational diseases and work-related diseases
- System on reporting and reporting of occupational diseases particularly in developing countries

  → Make occupational diseases visible
- Paying attention new and emerging occupational diseases such as MSDs, Stress-related diseases.

Occupational Diseases

- Diseases caused by work have to be discovered and their victims be properly treated and compensated
- Preventive and protective measures must be taken at the workplace
- Definition of occupational diseases is usually set out in legislation

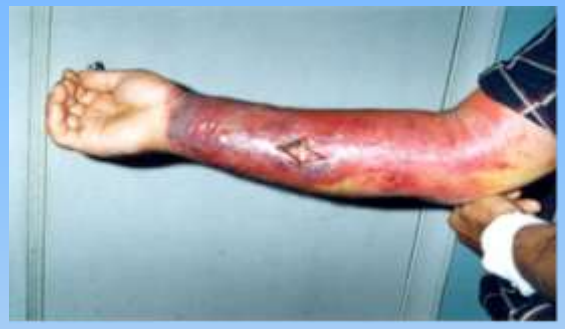
- ✓ Standard-setting is one of the ILO's major means of action to improve conditions of life and work worldwide
- ✓ ILO's standards are Conventions and Recommendation adopted by the international Labour Conference

Shengli Niu

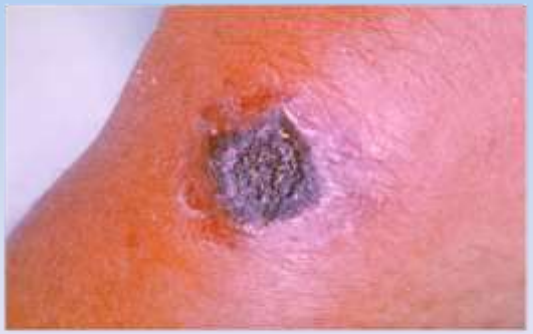
Historical Development in Identification of Occupational Diseases

In 1919

- R.3 **Anthrax** Prevention
- R.4 **Lead Poisoning** (Women and children)



Skin reaction to anthrax



A skin lesion caused by anthrax

Shengli Niu

History and Development

In 1925 - C. 18 Workmen's Compensation (occupational diseases)

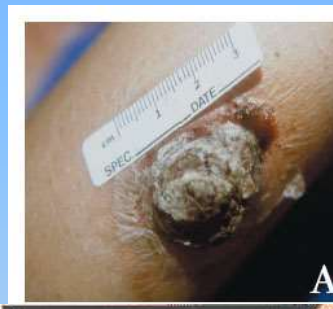
1. Poisoning by lead, its alloys or compounds and their sequelae
2. Poisoning by mercury, its amalgams and compounds and their sequelae and
3. Anthrax infection

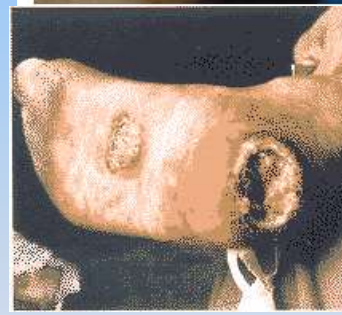
The crippled hand of a Minamata disease victim

History and Development

In 1934 - C. 42 Revised C.18

1. Lead poisoning
2. Mercury poisoning
3. Anthrax
4. Silicosis
5. Phosphorus poisoning
6. Arsenic poisoning
7. Poisoning by benzene
8. Poisoning by the halogen derivatives of hydrocarbons of the aliphatic series
9. Diseases due to radiation, and
10. Skin cancer (primary epitheliomatous cancer of the skin)





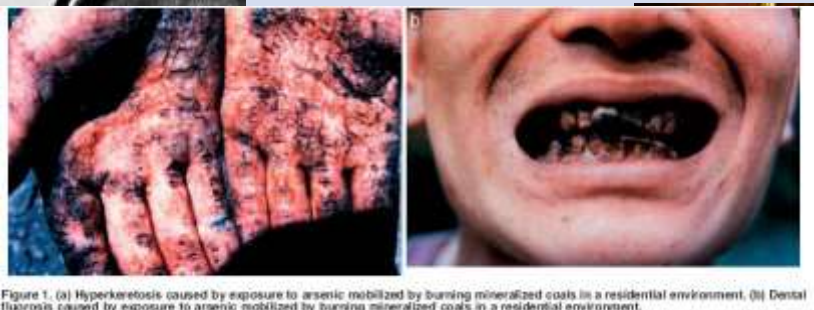
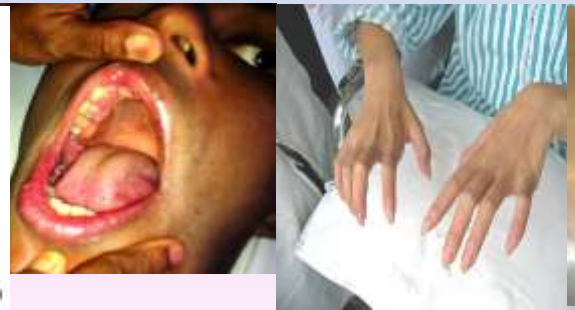
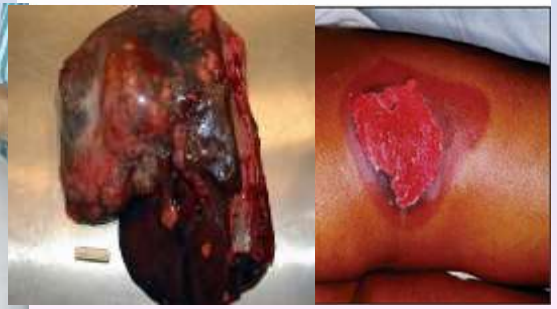


Figure 1. (a) Hyperkeratosis caused by exposure to arsenic mobilized by burning mineralized coals in a residential environment. (b) Dental fluorosis caused by exposure to arsenic mobilized by burning mineralized coals in a residential environment.





1 10 20 30 40 50 60 70 80 90
100 110 120 130 140 150 160 170 180

C120 Hygiene (Commerce and Offices) Convention, 1964

C121 Employment Injury Benefits Convention, 1964

C122 Employment Policy Convention, 1964

C123 Minimum Age (Underground Work) Convention, 1965

C124 Medical Examination of Young Persons (Underground Work) Convention, 1965

C125 Fishermen's Competency Certificates Convention, 1966

C126 Accommodation of Crews (Fishermen) Convention, 1966

C127 Maximum Weight Convention, 1967

C128 Invalidity, Old-Age and Survivors' Benefits Convention, 1967

C129 Labour Inspection (Agriculture) Convention, 1969

Medical Care and Sickness

C121 Employment Injury Benefits Convention, 1964

Convention concerning Benefits in the Case of Employment Injury (Note: Date of coming into force: 28:07:1967.)
Convention:C121
Place:Geneva
Session of the Conference:48
Date of adoption:08:07:1964
Subject classification: Employment Injury Benefit
Subject: **Social Security**
See the ratifications for this Convention

Display the document in: French Spanish
Status: Up-to-date instrument

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Forty-eighth Session on 17 June 1964, and

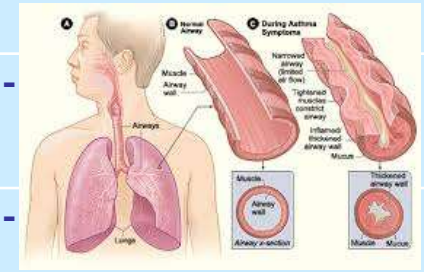
Having decided upon the adoption of certain proposals with regard to benefits in the case of industrial accidents and occupational diseases, which is the fifth item on the agenda of the session, and

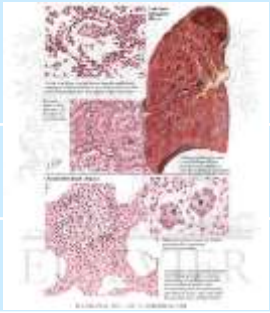
Having determined that these proposals shall take the form of an international Convention,

adopts this eighth day of July of the year one thousand nine hundred and sixty-four the following Convention, which may be cited as the Employment Injury Benefits Convention, 1964:

Schedule I. List Of Occupational Diseases

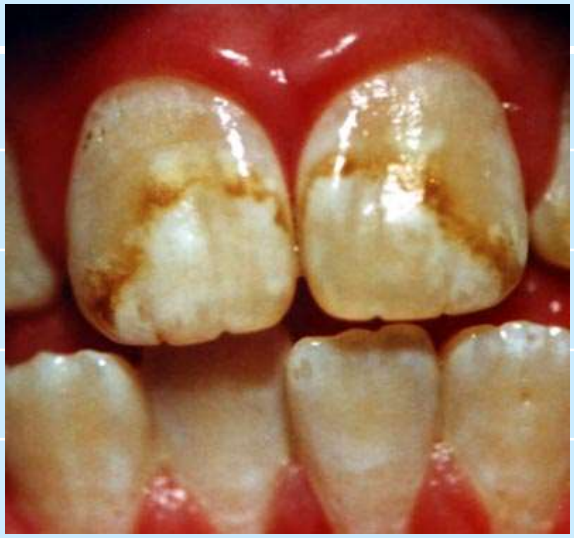
Occupational diseases	Work involving exposure to risk
1. Pneumoconiosis caused by sclerogenic mineral dust (silicosis, anthraco-silicosis, asbestosis) and silico-tuberculosis, provided that silicosis is an essential factor in causing the resulatant incapacity or death.	All work involving exposure to the risk concerned.
2. Bronchopulmonary diseases caused by hard- metal dust.	-
3. Bronchopulmonary diseases caused by cotton dust (byssinosis), or flax, hemp or sisal dust.	-
4. Occupational asthma caused by sensitising agents or irritants both recognised in this regard and inherent in the work process.	-
5.Extrinsic allergic alveolitis and its sequelea, caused by the inhalation of organic dusts, as prescribed by national legislation.	-
6.Diseases caused by beryllium or its toxic compounds.	-
7. Diseases caused by cadnium or its toxic compounds.	-
8. Diseases caused by phosphorus or its toxic compounds.	-
9. Diseases caused by chromium or its toxic compounds.	-
10. Diseases caused by manganese or its toxic compounds.	-





11. Diseases caused by arsenic or its toxic compounds.

-



12. Diseases caused by mercury or its toxic compounds.

13. Diseases caused by lead or its toxic compounds.

14. Diseases caused by fluorine or its toxic compounds.

15. Diseases caused by carbon disulfide.

16. Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbon.

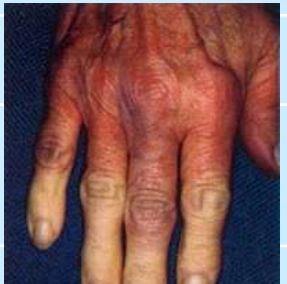
17. Diseases caused by benzene or its toxic homologues

18.Diseases caused by toxic nitro-and amino-derivatives of benzene or its homologues.

19. Diseases caused by nitroglycerine or other nitric acid esters.

20. Diseases caused by alcohols, glycols, or ketones.

21. Diseases caused by asphyxiants, carbon monoxide hydrogen cyanide or its toxic derivatives, hydrogen sulfide



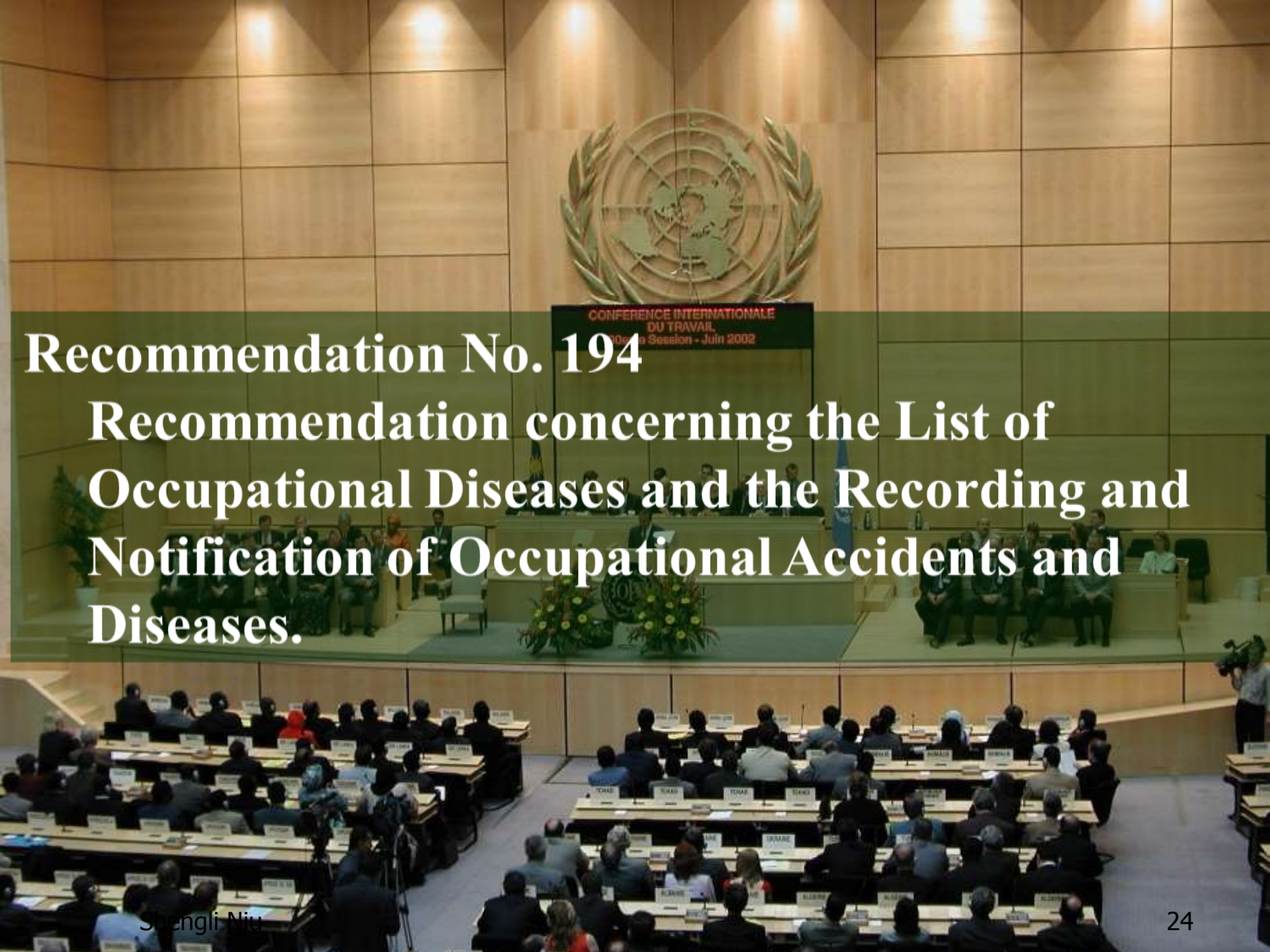
22. Hearing impairment caused by noise

23. Diseases caused by vibration (disorders or muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)

24. Diseases caused by work in compressed air.	
25. Diseases caused by ionising radiations.	**All work involving exposure to the action of ionising radiations**
26. Skin diseases caused by physical, chemical or biological agents not included under other items.	**All work involving exposure to the risk concerned**
27. Primary epitheliomatous cancer of the skin caused by tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances.	
28. Lung cancer or mesotheliomas, caused by asbestos.	
29. Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination. 	**(a) Health or laboratory work** **(b) Veterinary work** **(c) Work handling animals, animal carcasses, parts of such carcasses, or merchandise which may have been contaminated by animals, animal carcasses or parts of such carcasses.** **(d) Other work carrying a particular risk of contamination**

*In the application of this schedule the degree and type of exposure should be taken into account when appropriate


90th Session of the International Labour Conference, June 2002, Geneva
Committee on Occupational Safety and Health



Recommendation No. 194

Recommendation concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases.

International Labour Organization

ILO List of Occupational Diseases

(revised 2010)

ANNEX

List of occupational diseases [1] (revised 2010)

1.	**Occupational diseases caused by exposure to agents arising from work activities**
1.1.	**Diseases caused by chemical agents**
1.1.1.	Diseases caused by beryllium or its compounds
1.1.2.	Diseases caused by cadmium or its compounds
1.1.3.	Diseases caused by phosphorus or its compounds
1.1.4.	Diseases caused by chromium or its compounds
1.1.5.	Diseases caused by manganese or its compounds
1.1.6.	Diseases caused by arsenic or its compounds
1.1.7.	Diseases caused by mercury or its compounds
1.1.8.	Diseases caused by lead or its compounds
1.1.9.	Diseases caused by fluorine or its compounds
1.1.10.	Diseases caused by carbon disulfide
1.1.11.	Diseases caused by halogen derivatives of aliphatic or aromatic hydrocarbons
1.1.12.	Diseases caused by benzene or its homologues
1.1.13.	Diseases caused by nitro- and amino-derivatives of benzene or its homologues
1.1.14.	Diseases caused by nitroglycerine or other nitric acid esters
1.1.15.	Diseases caused by alcohols, glycols or ketones
1.1.16.	Diseases caused by asphyxiants like carbon monoxide, hydrogen sulfide, hydrogen cyanide or its derivatives
1.1.17.	Diseases caused by acrylonitrile
1.1.18.	Diseases caused by oxides of nitrogen
1.1.19.	Diseases caused by vanadium or its compounds
1.1.20.	Diseases caused by antimony or its compounds
1.1.21.	Diseases caused by hexane
1.1.22.	Diseases caused by mineral acids
1.1.23.	Diseases caused by pharmaceutical agents
1.1.24.	Diseases caused by nickel or its compounds
1.1.25.	Diseases caused by thallium or its compounds
1.1.26.	Diseases caused by osmium or its compounds
1.1.27.	Diseases caused by selenium or its compounds
1.1.28.	Diseases caused by copper or its compounds
1.1.29.	Diseases caused by platinum or its compounds
1.1.30.	Diseases caused by tin or its compounds
1.1.31.	Diseases caused by zinc or its compounds
1.1.32.	Diseases caused by phosgene
1.1.33.	Diseases caused by corneal irritants like benzoquinone
1.1.34.	Diseases caused by ammonia
1.1.35.	Diseases caused by isocyanates
1.1.36.	Diseases caused by pesticides

[1] In the application of this list the degree and type of exposure and the work or occupation involving a particular risk of exposure should be taken into account when appropriate.

1.1.37. Diseases caused by sulphur oxides
1.1.38. Diseases caused by organic solvents
1.1.39. Diseases caused by latex or latex-containing products
1.1.40. Diseases caused by chlorine
1.1.41. Diseases caused by other chemical agents at work not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate t national conditions and practice, between the exposure to these chemical agents arising fror work activities and the disease(s) contracted by the worker

1.2. Diseases caused by physical agents

1.2.1. Hearing impairment caused by noise
1.2.2. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral bloo vessels or peripheral nerves)
1.2.3. Diseases caused by compressed or decompressed air
1.2.4. Diseases caused by ionizing radiations
1.2.5. Diseases caused by optical (ultraviolet, visible light, infrared) radiations including laser
1.2.6. Diseases caused by exposure to extreme temperatures
1.2.7. Diseases caused by other physical agents at work not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate t national conditions and practice, between the exposure to these physical agents arising fror work activities and the disease(s) contracted by the worker

1.3. Biological agents and infectious or parasitic diseases

1.3.1. Brucellosis
1.3.2. Hepatitis viruses
1.3.3. Human immunodeficiency virus (HIV)
1.3.4. Tetanus
1.3.5. Tuberculosis
1.3.6. Toxic or inflammatory syndromes associated with bacterial or fungal contaminants
1.3.7. Anthrax
1.3.8. Leptospirosis
1.3.9. Diseases caused by other biological agents at work not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate t national conditions and practice, between the exposure to these biological agents arising fror work activities and the disease(s) contracted by the worker

2. Occupational diseases by target organ systems

2.1. Respiratory diseases

2.1.1. Pneumoconioses caused by fibrogenic mineral dust (silicosis, anthraco-silicosis, asbestosis)
2.1.2. Silicotuberculosis
2.1.3. Pneumoconioses caused by non-fibrogenic mineral dust
2.1.4. Siderosis
2.1.5. Bronchopulmonary diseases caused by hard-metal dust
2.1.6. Bronchopulmonary diseases caused by dust of cotton (byssinosis), flax, hemp, sisal or suga cane (bagassosis)

2.1.7. Asthma caused by recognized sensitizing agents or irritants inherent to the work process
2.1.8. Extrinsic allergic alveolitis caused by the inhalation of organic dusts or microbially contaminated aerosols, arising from work activities
2.1.9. Chronic obstructive pulmonary diseases caused by inhalation of coal dust, dust from stone quarries, wood dust, dust from cereals and agricultural work, dust in animal stables, dust from textiles, and paper dust, arising from work activities
2.1.10. Diseases of the lung caused by aluminium
2.1.11. Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process
2.1.12. Other respiratory diseases not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the disease(s) contracted by the worker

2.2. Skin diseases

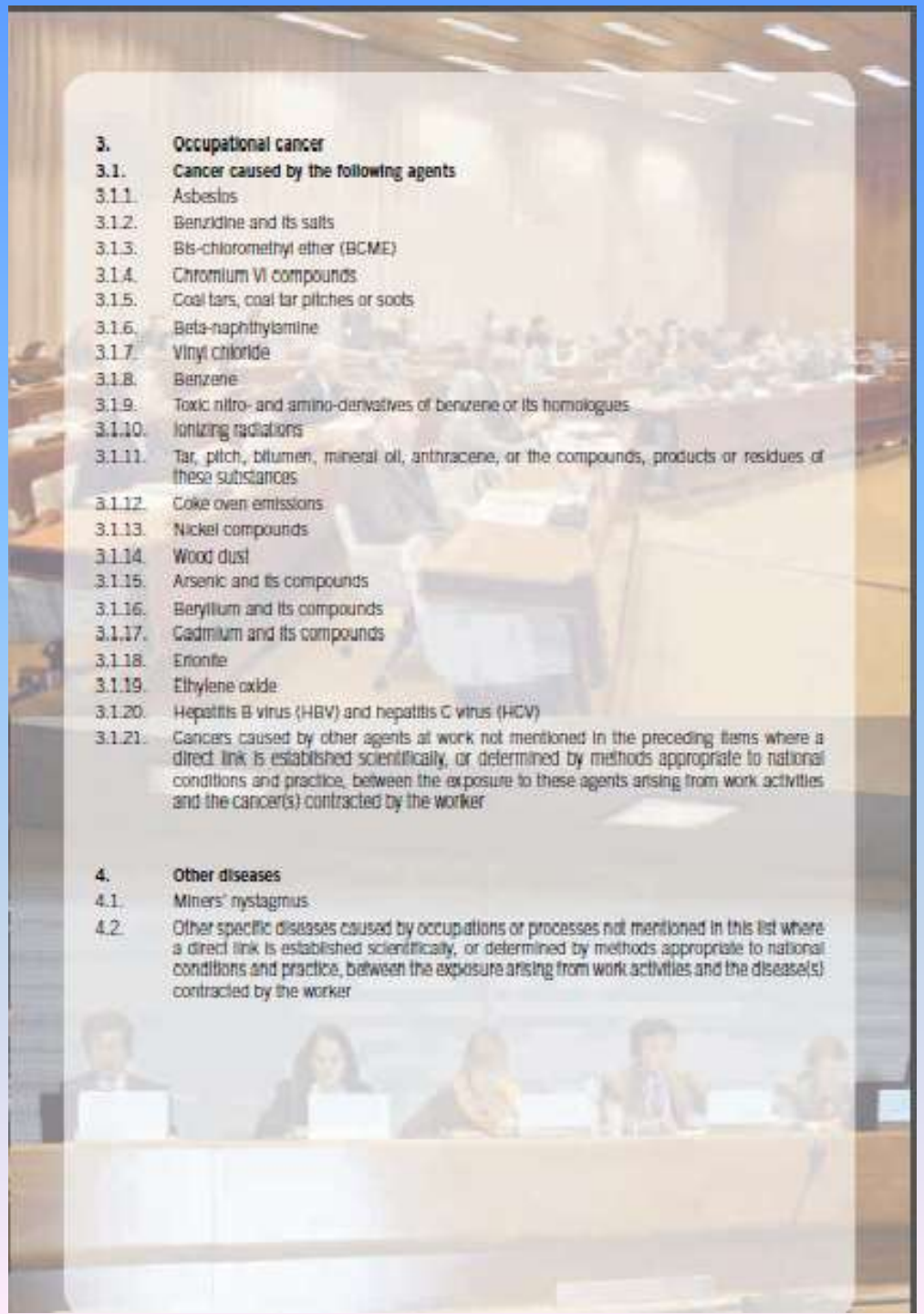
2.2.1. Allergic contact dermatoses and contact urticaria caused by other recognized allergy-provoking agents arising from work activities not included in other items
2.2.2. Irritant contact dermatoses caused by other recognized irritant agents arising from work activities not included in other items
2.2.3. Vitiligo caused by other recognized agents arising from work activities not included in other items
2.2.4. Other skin diseases caused by physical, chemical or biological agents at work not included under other items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the skin disease(s) contracted by the worker

2.3. Musculoskeletal disorders

2.3.1. Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist
2.3.2. Chronic tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme postures of the wrist
2.3.3. Olecranon bursitis due to prolonged pressure of the elbow region
2.3.4. Prepatellar bursitis due to prolonged stay in kneeling position
2.3.5. Epicondylitis due to repetitive forceful work
2.3.6. Meniscus lesions following extended periods of work in a kneeling or squatting position
2.3.7. Carpal tunnel syndrome due to extended periods of repetitive forceful work, work involving vibration, extreme postures of the wrist, or a combination of the three
2.3.8. Other musculoskeletal disorders not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the musculoskeletal disorder(s) contracted by the worker

2.4. Mental and behavioural disorders

2.4.1. Post-traumatic stress disorder
2.4.2. Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker



3.	**Occupational cancer**
3.1.	**Cancer caused by the following agents**
3.1.1.	Asbestos
3.1.2.	Benzidine and its salts
3.1.3.	Bis-chloromethyl ether (BCME)
3.1.4.	Chromium VI compounds
3.1.5.	Coal tars, coal tar pitches or soots
3.1.6.	Beta-naphthylamine
3.1.7.	Vinyl chloride
3.1.8.	Benzene
3.1.9.	Toxic nitro- and amino-derivatives of benzene or its homologues
3.1.10.	Ionizing radiations
3.1.11.	Tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances
3.1.12.	Coke oven emissions
3.1.13.	Nickel compounds
3.1.14.	Wood dust
3.1.15.	Arsenic and its compounds
3.1.16.	Beryllium and its compounds
3.1.17.	Cadmium and its compounds
3.1.18.	Erionite
3.1.19.	Ethylene oxide
3.1.20.	Hepatitis B virus (HBV) and hepatitis C virus (HCV)
3.1.21.	Cancers caused by other agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these agents arising from work activities and the cancer(s) contracted by the worker
4.	**Other diseases**
4.1.	Miners' nystagmus
4.2.	Other specific diseases caused by occupations or processes not mentioned in this list where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure arising from work activities and the disease(s) contracted by the worker

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History and Development

Definition of occupational diseases

Paragraph 6(1) of Recommendation No. 121 defines occupational diseases as follows:

"Each Member should, under prescribed conditions, regard diseases known to arise out of the exposure to substances and dangerous conditions in process, trades or occupations as occupational diseases"

Factors considered when deciding on the cause of a disease

- ***Strength of association***. The greater the impact of an exposure on the occurrence or development of a disease, the stronger the likelihood of a causal relationship.
- ***Consistency***. The various research reports have generally similar results and conclusions.
- ***Specificity***. Exposure to a specific risk factor results in a clearly defined pattern of disease or of diseases.
- ***Temporality or time sequence***. The exposure of interest preceded the disease by a period of time consistent with any proposed biological mechanism.

Factors considered when deciding on the cause of a disease

- ***Biological gradient***. The greater the level and the duration of exposure, the greater the severity of diseases or their incidence.
- ***Biological plausibility***. From what is known of toxicology, chemistry, physical properties or other attributes of the studied risk or hazard, it really does make biological sense to suggest that the exposure leads to the disease.
- ***Coherence***. A general synthesis of all the evidence (e.g. human epidemiology and animal studies) leads to the conclusion that there is a cause-effect relationship in a broad sense and in terms of general common sense.
- ***Interventional studies***. Sometimes, a primary preventative trial may verify whether removing a specific hazard or reducing a specific risk from the working environment or the work activity eliminates the development of a specific disease or reduces its incidence.

Two Main Elements in the Definitions

- The exposure-effect relationship between a specific working environment and/or activity and a specific disease effect
- The fact that these diseases occur among the group of persons concerned with a frequency above the average morbidity of the rest of the population

Employment Injury Benefits Convention, 1964 (No.121)

(Article 8) Each Member shall

- (a) prescribe a list of diseases, comprising at least the diseases enumerated in Schedule I to this Convention, which shall be regarded as occupational diseases under prescribed conditions; or
- (b) include in its legislation a general definition of occupational diseases broad enough to cover at least the diseases enumerated in Schedule I to this Convention; or
- (c) prescribe a list of diseases in conformity with clause (a), complemented by a general definition of occupational diseases or by other provisions for establishing the occupational origin of diseases not so listed or manifesting themselves under conditions different from those prescribed

The Role & Impact of the ILO List

- Promotion of the inclusion of a range of internationally acknowledged occupational diseases in national lists.
- Harmonization of the development of policy on occupational diseases and in promoting their prevention.
- Serving as an example for countries establishing or revising their national lists.

The Role & Impact of the ILO List

- Adding to the list would imply the extension of preventive measures to control the use of harmful substances and would assist a better health surveillance of workers
- This effect can be expected both in countries that have ratified the Conventions and those that have not

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Features of the ILO List

- The ILO list is not intended to list all known occupational diseases
- Diseases included in the list are common to a number of countries or populations
- Rare disorders (or less frequent and very specific to a small target group) are more appropriate to be dealt with at a local level

About us
ILO instruments on OSH
Areas of work
Projects
Events and training
Information resources
- Databases
- Publications
- Training materials
- Meeting documents
- Videos
- International Occupational Safety and Health Information Centre (CIS)

Meetings of Experts on the List of Occupational Diseases

Type	Resource list
Date issued	13 January 2011
Unit responsible	Programme on Safety and Health at Work and the Environment (SAFEWORK)
Subjects	occupational safety and health, occupational diseases

Meeting of Experts on the Revision of the List of Occupational Diseases

Governing Body, 307th Session, 11-26 March 2010, Geneva

- Report of the Committee on Sectoral and Technical Meetings and Related Issues - [GB.307/13(Rev.) - pdf 261 KB]
- Effect to be given to the recommendations of sectoral and technical meetings - Meeting of Experts on the Revision of the List of Occupational Diseases (Recommendation No. 194) (Geneva, 27–30 October 2009) - [GB.307/STM/2/4 - pdf 147 KB]

(Recommendation No. 194) – 27-30 October 2009, Geneva

- Meeting of Experts on the Revision of the List of Occupational Diseases (Recommendation No. 194) (Geneva, 27–30 October 2009) - List of Occupational Diseases adopted by the Meeting - [pdf 373 KB] (MERLOD/2009/DR)
- Meeting of Experts on the Revision of the List of Occupational Diseases (Recommendation No. 194) (Geneva, 27–30 October 2009) - Agenda - [pdf 15 KB] (MERLOD/2009/1)
- Meeting of Experts on the Revision of the List of Occupational Diseases (Recommendation No. 194) (Geneva, 27–30 October 2009) - Proposed programme of work - [pdf 120 KB] (MERLOD/2009/2)
- Meeting of Experts on the Revision of the List of Occupational Diseases (Recommendation No. 194) (Geneva, 27–30 October 2009) - List of occupational diseases proposed by the Office - [pdf 136 KB] (MERLOD/2009/3)
- Meeting of Experts on the Revision of the List of Occupational Diseases (Recommendation No. 194) (Geneva, 27–30 October 2009) - Identification and recognition of occupational diseases. Criteria for incorporating diseases in the ILO list of occupational diseases - [pdf 235 KB] (MERLOD/2009/4)
- Meeting of Experts on the Revision of the List of Occupational Diseases (Recommendation No. 194) (Geneva, 27–30 October 2009) - Technical backgrounder on the problematic diseases in the proposed list to replace the list annexed to the List of Occupational Diseases Recommendation, 2002 (No. 194) - [pdf 479 KB] (MERLOD/2009/5)

Meeting of Experts on updating the List of Occupational Diseases

13-20 December 2005, Geneva

Key resources

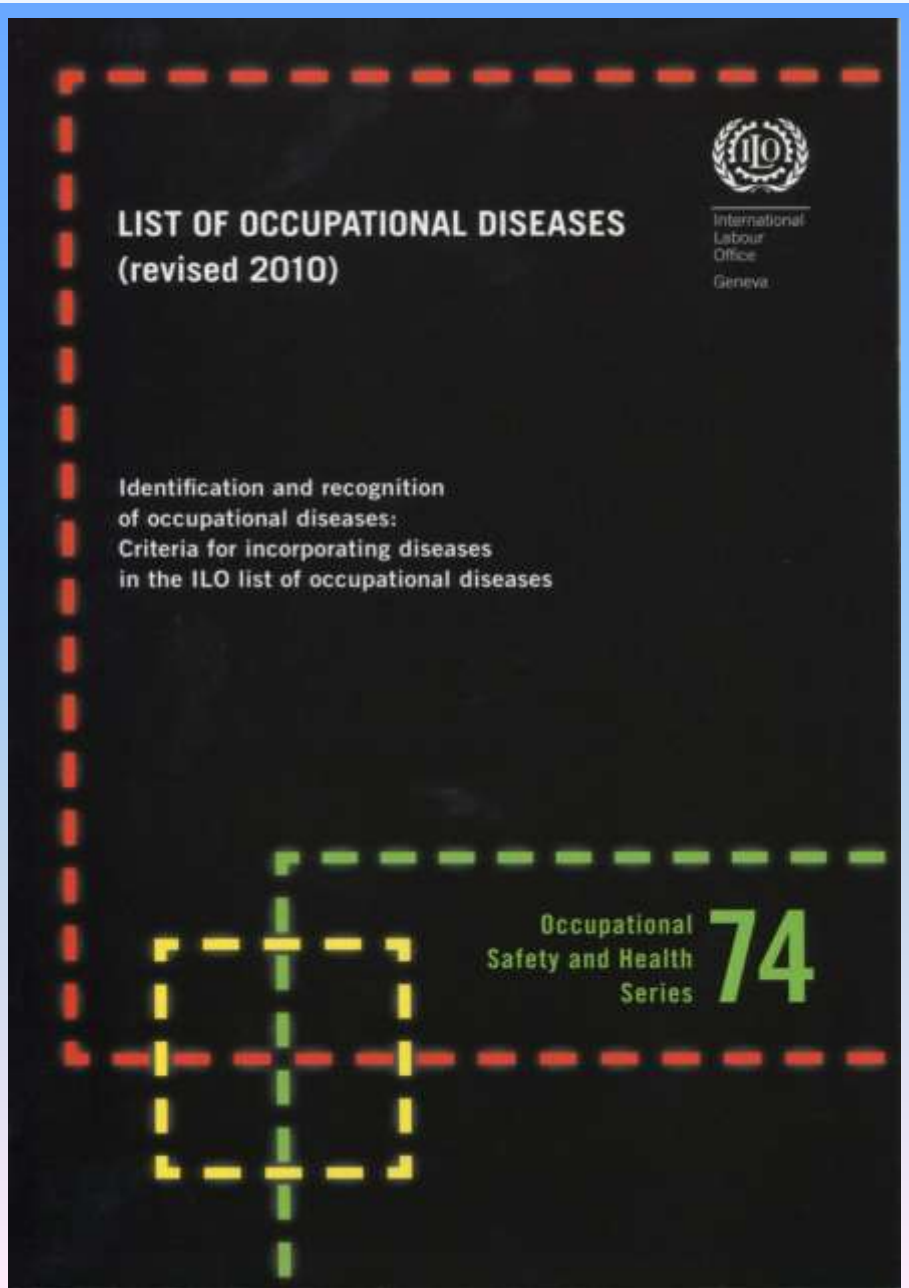
- R194 List of Occupational Diseases Recommendation, 2002

Related information

Document
- Occupational Health

News item
- ILO Governing Body approves new list of occupational diseases

http://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_150323/lang--en/index.htm



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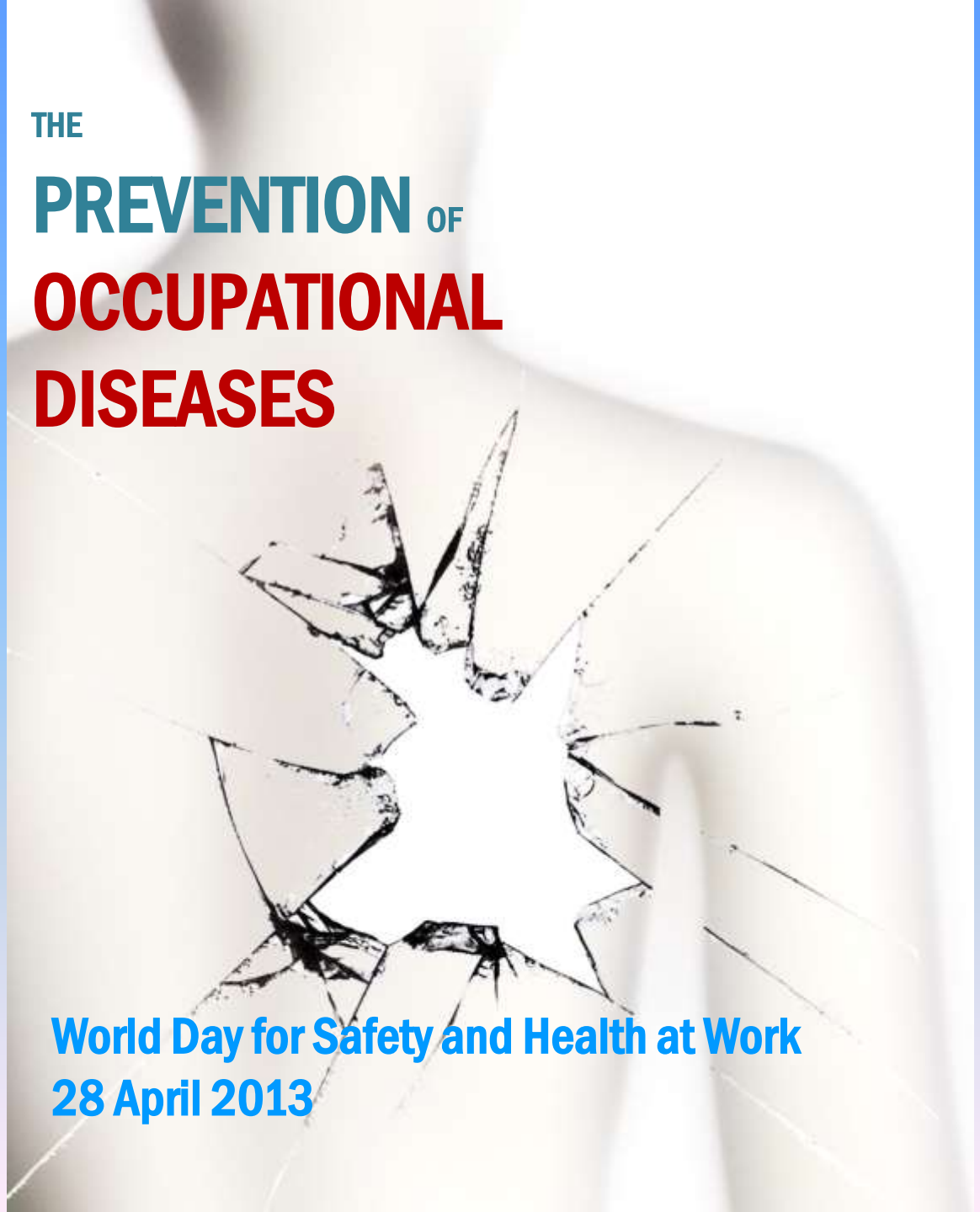
International Labour Organization

INTERNATIONAL GUIDANCE NOTES ON THE DIAGNOSTIC CRITERIA FOR OCCUPATIONAL DISEASES (DRAFT)

THE

PREVENTION OF OCCUPATIONAL DISEASES

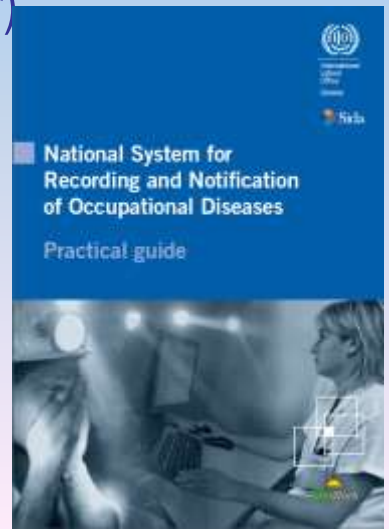


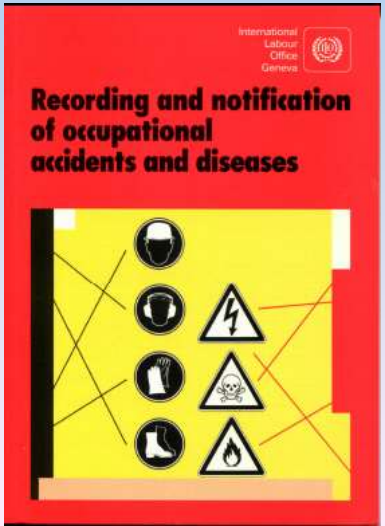
World Day for Safety and Health at Work
28 April 2013

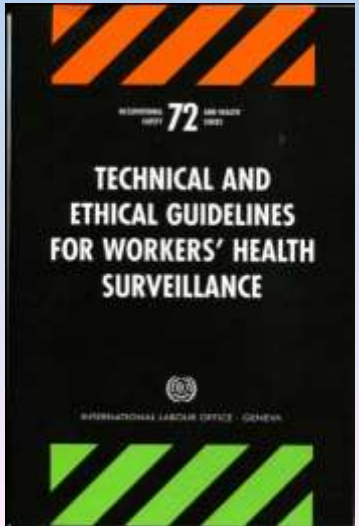
Assessing the need for better data

Challenges in data collection

- Many developing countries lack the specific knowledge and experience for diagnosis, recognition and reporting of occupational diseases (trained doctors, list of occupational diseases, diagnostic capacity)
- Workers in SMEs and the informal economy tend outside the national OSH systems
- The intensification of migration flows, ageing of the workforce and increasing number of people in temporary work complicate monitoring and recording of occupational diseases
- Many occupational diseases are difficult to identify due to their long latency periods (e.g.: occupational cancer)







Steps for the prevention of occupational diseases

For national OSH systems to deal effectively with the prevention of occupational diseases, it is necessary to:

- build capacity for recognition and reporting of occupational diseases and establish the related legislative framework
- improve mechanisms for collection and analysis of occupational disease's data
- improve collaboration of OSH and social security institutions to strengthen employment compensation schemes
- integrate the prevention of occupational diseases into OSH inspection programmes
- improve capacity of occupational health services for health surveillance and monitoring of the working environment
- update national lists of occupational disease using the ILO list as a reference
- reinforce social dialogue among governments, employers and workers and their organizations

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Steps for the prevention of occupational diseases

The role of employers and workers

- The active participation of employers' and workers' organizations is vital for the development of national policies aimed at preventing occupational diseases
- Employers have a duty to prevent occupational diseases by taking precautionary measures through the assessment and control of occupational hazards and risks, and health surveillance
- Workers have a right to be involved in formulating, supervising and implementing prevention policies and programmes

Steps for the prevention of occupational diseases

ILO action

- Promote the ratification and implementation of ILO Conventions related to occupational safety and health
- Strengthen alliances with other institutions (e.g., WHO, ISSA, ICOH) for the prevention of occupational diseases
- Support member States' efforts to strengthen their capacities for prevention and recognition of occupational diseases
- Encourage the exchange of good practices at national and international levels








Thank you!